

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

2-18-04

CLAIMS

* AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	/			
5	/			
6	/			
7	/			
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40	/			
41	/			
42	/			
43	/			
44	/			
45	/			
46	/			
47	/			
48	/			
49	/			
50	/			
TOTAL IND.	0	0	0	0
TOTAL DEP.	0	0	0	0
TOTAL CLAIMS	0	0	0	0

*	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
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100						
TOTAL IND.	4	0	0	0	0	0
TOTAL DEP.	55	0	0	0	0	0
TOTAL CLAIMS	59	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS